ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEDHONE NO . EAVINO .	
TELEPHONE NO.: FAX NO.: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF:	
(Names of adopting parents or parent)	
(Names of adopting parents or parent)  RESPONSE TO PETITION FOR	CASE NUMBER:
ENFORCEMENT MODIFICATION TERMINATION	CASE NUMBER.
OF KINSHIP ADOPTION AGREEMENT	
1. a. I am a party to the Kinship Adoption Agreement of (date of child's adoption):	
	irth mother birth father
other (specify relationship):	
2. I received a copy of the Petition for Enforcement, Modification, or Termination of Kinship	Adoption Agreement filed by (specify
name): on (date received):	Adoption Agreement filed by (specify
namo).	
3. Petitioner is requesting that the Agreement be enforced modified	terminated.
4. Land I consent to the request being made by Petitioner.	
5. I believe that granting the request is in the best interest of the child.	
C	
6. L. I do not agree with the request for the following reasons:	
Continued in Attachment 6.	
7. Number of pages attached:	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE)